

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>80</i>		<i>06/19/67</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>11</i>		<i>6-26-67</i>
<b>FORMALITY REVIEW</b>	<i>101</i>	<i>1019</i>	<i>08-08-67</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	101	10-27-67	2-6-67
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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110-111  
09/08/67